

Appendix B:
COVER PAGE

**SUBMISSION of a REVISED or EXPANDED PROGRAM or
DEGREE to
CURRICULUM AND EDUCATIONAL POLICY COMMITTEE**

Complete Title of Revised Program: _____

Approval of operational issues (financial aid, business plans, etc.) by Operations Committee:	
_____	_____
Operations Committee Chair	Date

Date Submitted: _____

<u>Briefly describe the changes in this program/degree:</u>

Prior to submission to CEPC, all required signatures must be obtained.

Department/Program Chair _____
Date

Dean _____
Date

For curriculum proposals involving collaboration of two schools, the signature of the second dean is also required:

Dean _____
Date

<u>CEP Action Requested:</u>
___ Presented for Information Only

CEP Action Taken:

___ **Request for revision or more information (see attached explanation):**

_____ **Date scheduled for resubmission**

___ **Endorsed to send to Faculty Forum**

CEPC Chair _____
Date

<u>Distribution:</u>
_____ Registrar _____ Provost _____ Dean _____ Operations Committee Chair